

<i>SERFF Tracking Number:</i>	<i>LTCG-126050270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41655</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Genworth Group Long Term Care</i>		
<i>Project Name/Number:</i>	<i>Transfer Advertising Filing/</i>		

Filing at a Glance

Company: Genworth Life Insurance Company		
Product Name: Genworth Group Long Term Care	SERFF Tr Num: LTCG-126050270	State: ArkansasLH
TOI: LTC03G Group Long Term Care	SERFF Status: Closed	State Tr Num: 41655
Sub-TOI: LTC03G.001 Qualified	Co Tr Num:	State Status: Filed-Closed
Filing Type: Advertisement	Co Status:	Reviewer(s): Marie Bennett
	Author: Timothy Cassidy	Disposition Date: 02/27/2009
	Date Submitted: 02/25/2009	Disposition Status: Filed-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Transfer Advertising Filing	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Filing is pending in Delaware, Genworth's state of domicile.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer, Association, Trust, Other
Filing Status Changed: 02/27/2009	Explanation for Other Group Market Type: Labor Unions
Deemer Date:	State Status Changed: 02/27/2009
Filing Description:	Corresponding Filing Tracking Number:
Please see attached cover letter.	

Company and Contact

SERFF Tracking Number:	LTCG-126050270	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	41655
Company Tracking Number:			
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Genworth Group Long Term Care		
Project Name/Number:	Transfer Advertising Filing/		

Filing Contact Information

(This filing was made by a third party - longtermcaregroup)

Timothy Cassidy, Compliance Manager	tcassidy@ltcg.com
5 Commonwealth Road	(508) 651-8800 [Phone]
Natick, MA 01760	(508) 651-8804[FAX]

Filing Company Information

Genworth Life Insurance Company	CoCode: 350	State of Domicile: Delaware
6620 West Broad Street	Group Code: 350	Company Type: Life, Health & Annuity
Building 4		
Richmond, VA 23230	Group Name:	State ID Number:
(804) 922-5085 ext. [Phone]	FEIN Number: 91-6027719	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$125.00
Retaliatory?	No
Fee Explanation:	5 advertising forms at \$25 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$125.00	02/25/2009	25946874

SERFF Tracking Number: LTCG-126050270

State: Arkansas

Filing Company: Genworth Life Insurance Company

State Tracking Number: 41655

Company Tracking Number:

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	02/27/2009	02/27/2009

SERFF Tracking Number: *LTCG-126050270*

State: *Arkansas*

Filing Company: *Genworth Life Insurance Company*

State Tracking Number: *41655*

Company Tracking Number:

TOI: *LTC03G Group Long Term Care*

Sub-TOI: *LTC03G.001 Qualified*

Product Name: *Genworth Group Long Term Care*

Project Name/Number: *Transfer Advertising Filing/*

Disposition

Disposition Date: 02/27/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LTCG-126050270	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	41655
Company Tracking Number:			
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Genworth Group Long Term Care		
Project Name/Number:	Transfer Advertising Filing/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter		Yes
Supporting Document	Authorization Letter		Yes
Supporting Document	Explanation of Variability		Yes
Supporting Document	Acceptance and Certification	Accepted for Informational Purposes	Yes
Form	Transfer Personal Rate Quote		Yes
Form	Transfer Offer Letter		Yes
Form	Product Comparison		Yes
Form	Acceptance Form		Yes
Form	Personal Quote Summary		Yes

SERFF Tracking Number: LTCG-126050270 State: Arkansas

Filing Company: Genworth Life Insurance Company State Tracking Number: 41655

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care

Project Name/Number: Transfer Advertising Filing/

Form Schedule

Lead Form Number: 47359 02/09

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	47359 02/09	Advertising Transfer Personal Rate Quote	Initial		0	Personal Rate Quote 47359 02_09r.pdf
	47360 02/09	Advertising Transfer Offer Letter	Initial		0	Transfer Offer Letter 47360 02_09.pdf
	47366 02/09	Advertising Product Comparison	Initial		0	Product Comparison 47366 02_09r2.pdf
	47362A 02/09	Advertising Acceptance Form	Initial		0	Acceptance & Certification 47362A 02_09.pdf
	47362B 02/09	Advertising Personal Quote Summary	Initial		0	Acceptance & Certification 47362B 02_09.pdf

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PERSONAL RATE QUOTE FOR [FIRST NAME] [LAST NAME]

For Group Long Term Care Insurance underwritten by Genworth Life Insurance Company (Genworth Life)

Respond by [Month Day, Year] to take advantage of the premiums and transfer credits shown below.

For additional information on the new [Group Policyholder] Group Long Term Care Insurance Program, underwritten by Genworth Life, please call [800 416-3624].

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	Current [Previous Carrier Full Legal Entity] Plan	Similar Genworth Life Plan Exact Daily Benefit (Option 2a)	[Similar Genworth Life Plan Next Highest Daily Benefit (Option 2b)]
[DAILY/MONTHLY] BENEFIT AMOUNT	\$	\$	\$
HOME CARE MAXIMUM	\$	\$	\$
LIFETIME TOTAL COVERAGE	\$	\$	\$
[BENEFIT INCREASE OPTION]	[Future Purchase Inflation Protection] [Automatic Benefit Increase]	[Future Purchase Option] [Automatic Benefit Increase] Optional: \$XX.XX]	[Future Purchase Option] [Automatic Benefit Increase] Optional: \$XX.XX]
[NONFORFEITURE BENEFIT]	[Included]	[Optional – 15% of Total Premium]	[Optional – 15% of Total Premium]
MONTHLY PREMIUM*	\$	\$	\$
[LESS TRANSFER CREDIT]	\$	\$	\$
YOUR COST	\$	\$	\$]
[Other Plan Options (Option 2c)]	The attached application must be completed for options not shown above. [A transfer credit of [\$] will apply if your application is accepted. If your application is not accepted, coverage under Option 2a will go into effect.]]		

[OPTIONAL BENEFITS:

- [If you elected the Return of Premium Benefit under your [Previous Carrier] plan, the [Previous Carrier] premium above includes the cost of that benefit.
- [If you wish to select the optional Nonforfeiture Benefit Rider available with your Genworth Life plans, there is an additional premium of 15%.]

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[BENEFIT INCREASE OPTIONS:

- [If you did not elect the optional 5% Automatic Annual Compound Benefit Increases Benefit under your [Previous Carrier] plan, your [Previous Carrier] plan includes the Future Purchase Inflation Protection provision. If you did elect the optional benefit under your [Previous Carrier] plan, the [Previous Carrier] premium above includes the cost of that optional benefit.]
- [If you do not elect the optional 5% Automatic Annual Compound Benefit Increases Rider available with your Genworth Life plan, your Genworth Life plan will include the Future Purchase Option provision.]]

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[Coverage will be issued at the level you select under either similar Genworth Life Plan only if you are NOT currently receiving or qualified to receive long term care benefits under the [Previous Carrier] plan. No other underwriting is required.] If you choose **not** to enroll in the new Program, your coverage with [Previous Carrier] will remain as stated above, subject to the terms and conditions of the [Previous Carrier] Group Policy. Your coverage will continue and your premiums will be billed directly by [Previous Carrier Full Legal Entity].

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You must make your election to purchase Genworth Life coverage by [Month day, 20XX] in order to take advantage of the premiums and transfer credit shown above. Premiums are based on your attained age as of [Month day, 20XX] for the benefit amounts shown. **For additional information on the new [Group Policyholder] Group Long Term Care Insurance Program from Genworth Life, please call [800 416-3624].** This is not a Genworth Life rate guarantee. While Genworth Life reserves the right to change future premiums for this policy form by group or premium class, premiums will never change due to changes in your health status or your age.

<< GROUP NAME>> GROUP LONG TERM CARE INSURANCE PROGRAM
For Long Term Care Insurance underwritten by Genworth Life Insurance Company (Genworth Life)

PREMIUM TABLES

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Issue Age	[CORE FPO \$1,500	[Essential FPO \$3,000	Essential ABI70 \$3,000	Essential ABI \$3,000	Essential FPO \$4,500	Essential ABI70 \$4,500	Essential ABI \$4,500	Essential FPO \$7,500	Essential ABI70 \$7,500	Essential ABI \$7,500
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Issue Age	[CORE FPO \$1,500	[Essential FPO \$3,000	Essential ABI70 \$3,000	Essential ABI \$3,000	Essential FPO \$4,500	Essential ABI70 \$4,500	Essential ABI \$4,500	Essential FPO \$7,500	Essential ABI70 \$7,500	Essential ABI \$7,500
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[Nonforfeiture: Add 15%]

[Couples Discount: If both you and your spouse or domestic partner apply together, a 10% premium discount applies.]

Please be assured that Genworth Life Insurance Company carefully structured the premium rates for this Program to meet the risks over the long term; however, the company does have the right to increase future premiums on the policy form by group or premium class. Your premiums will never increase due a change in your age or your health status.

[For premiums not shown, please call [800 416-3624].]



[POLICYHOLDER LOGO]

[Month Day, 20XX]

[John Doe]
[Street Name/Number]
[2nd Address line]
[City, State 00000]

**Important information about your
Group Long Term Care Insurance
Program – Respond by [Mo Day,
20XX]**

Dear [John Doe],

We are pleased to announce that Genworth Life Insurance Company (Genworth Life) has been selected as [Group Policyholder]'s new Group Long Term Care Insurance provider effective [Month Day, 20XX]. [Previous Carrier Full Legal Entity] announced they were no longer going to offer group long term care insurance; so [Group Policyholder] explored several options to provide this important benefit. After extensive due diligence, [Group Policyholder] decided on Genworth Life as the new insurance carrier.

Because you currently have long term care insurance under the [Previous Carrier] group plan, you now have the opportunity to evaluate the Genworth Life Group Long Term Care Insurance Program and compare it to your current coverage. [Group Policyholder] urges you to carefully consider your options – **this will be your only opportunity to take advantage of a transfer credit:**

You have [two/three] options to consider

1. Keep your existing [Previous Carrier] plan

[Previous Carrier] is obligated to continue to administer your coverage and pay benefits in accordance with the terms and provisions outlined in your Certificate of Insurance. However, [Previous Carrier] will not offer future plan enhancements and **payroll deduction will no longer be available.**

2. Purchase a Genworth Life plan similar to your [Previous Carrier] plan and CANCEL your existing [Previous Carrier] plan

This will be your only opportunity to take advantage of a transfer credit

- Choose a Genworth Life plan...
 - a. with coverage amounts that are the *exact [Daily/Monthly] Benefit* you have under your [Previous Carrier] plan; or
 - b. with coverage amounts that are the *next highest amount* offered under the new Genworth Life Program (see Product Comparison); or
 - c. with new coverage enhancements and benefit options that are offered under the new Genworth Life Program (see Product Comparison).]
- You are pre-approved for [this coverage/Option[s] 2a [and 2b]] as long as you are not currently receiving or qualified to receive benefits under the [Previous Carrier] plan. [For Option 2c, you must complete the attached application indicating your plan selections. Option 2c is subject to Genworth Life's acceptance of your application for the plan.]
- Premiums for the Genworth Life plan are based on premium rates for your current age.
- A transfer credit will be available to help reduce your new plan premiums. To ensure your eligibility for this option and the transfer credit, you must continue to make the required premium contributions to [Previous Carrier] until the Coverage Effective Date of your Genworth Life plan.

[**3. Purchase coverage from Genworth Life and RETAIN your existing [Previous Carrier] plan**

A transfer credit will NOT be available under this option

- Choose a Genworth Life plan with new coverage enhancements and benefit options that are offered under the new Genworth Life Program (See Product Comparison).
- Coverage is subject to Genworth Life acceptance of your application for the plan.
- Premiums for the Genworth Life plan are based on premiums for your current age.]

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Helping you decide

Enclosed you'll find tools to help you make your decision. Use the Product Comparison chart to review features and benefits under your [Previous Carrier] plan and the Genworth Life Program. For a more personalized analysis, review the Personal Rate Quote to compare premiums and coverage levels for the Genworth Life options listed above. In the enclosed CD, you will find an Outline of Coverage for the Genworth Life Program, a Shopper's Guide, a Personal Worksheet, and state required important disclosures regarding suitability[,/and] premium rates[, and Long Term Care Partnerships]. If you prefer, contact Genworth Life at [800 416-3624] to have these forms mailed to you. **[This material is also available to you at the Group Long Term Care Insurance Program website at [www.webaddress.com].]**

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For more information

If you'd like to learn about other options available to you, or if you have any questions regarding the [Group Policyholder] Group Long Term Care Insurance Program from Genworth Life, please call our Long Term Care Insurance Customer Service Center at **[800 416-3624]**, Monday through Friday, 8 AM 8 PM (ET)].

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Sincerely,

[Name]

[Title]

Genworth Life Insurance Company

P.S. Now is the time to ensure that the coverage you selected is the right coverage to help protect you, your family and your assets for the future. You have until [Month Day, Year] to take advantage of this offer. [To take advantage of the transfer credit, you/You] must complete and return the attached Acceptance and Certification Forms in the enclosed envelope.

The plan selections and features described in this packet are offered under the [Group Policyholder] Group Long Term Care Insurance Program. This material is a solicitation for insurance, and contains only a summary of coverage; the group policy terms and provisions will prevail. Be sure to review the Outline of Coverage for definitions and additional details of this insurance program, its features and limitations, including any state variations. Insurance is available to eligible persons under Policy Number [XXXXXX], issued to [Group Policyholder] on policy form series [7046]. The Group Policy is intended to be a federally tax qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 – Public Law 104-191).

[The plans described in this offer do [not] meet the requirements for qualified partnership long term care insurance under the [[State] Long-Term Care Insurance Partnership Program].]

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Reference to the [Previous Carrier] group long term care insurance plan refers to coverage provided under Group Policy No. [xxxx-xxxx] issued to [Group Policyholder] on policy form number [XXXXX] and underwritten by [Previous Carrier Full Legal Entity].

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PRODUCT COMPARISON

This comparison indicates key features of the [Group Policyholder] Group Long Term Care Insurance Program, effective [Month Day, 20XX] and underwritten by Genworth Life Insurance Company (Genworth Life) and the Group Long Term Care Insurance Plan underwritten by [Previous Carrier Full Legal Entity (Previous Carrier)]. This is a brief comparison of features for each plan. Please refer to your [Previous Carrier] Certificate or the Genworth Life Outline of Coverage on the enclosed CD for more complete details on these benefits.

PLAN FEATURES	KEEP [PREVIOUS CARRIER] GROUP LONG TERM CARE INSURANCE PLAN	PURCHASE A SIMILAR GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN	[PURCHASE A GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN WITH ADDITIONAL BENEFIT OPTIONS
Maximum [Daily/Monthly] Benefit	Your [Daily/Monthly Benefit Amount (DBA/MBA)] is the maximum dollar amount the plan will pay in any single [day/month] for covered expenses.	(2a) An amount equal to your current [Previous Carrier] [DBA/MBA] [or (2b)] The next highest Genworth Life plan amount from the following: [\$50, \$100, \$150, \$200, \$250, \$300, \$350, \$400 or \$450].	[Subject to underwriting acceptance, c/C] choose from any of the offered [Daily or Monthly] Benefit Amounts: from [\$50 to \$450 in \$50] increments.
Benefit Duration	You have a Benefit Duration for your current plan of [3 or 5 years]. Calculate your Lifetime Maximum by multiplying your [DBA/MBA] by the number of years and then multiply this amount by 365.	The Benefit Duration equal to that of your current [Previous Carrier] plan: [3 or 5 years]. Calculate your Lifetime Maximum by multiplying your selected [DBA/MBA] by the number of years and then multiply this amount by 365.	Subject to underwriting acceptance, increase your Benefit Duration to [X] years [if you currently have the X year Previous Carrier plan.]
Benefits:	Covered Expenses up to:	Covered Expenses up to:	
Nursing Home Facility	100% of [DBA or MBA]	100% of [DBA or MBA]	Same as Genworth Life Similar Group Long Term Care Insurance Plan
Assisted Living Facility	[100%] of [DBA or MBA]	100% of [DBA or MBA]	
Home Health Care and Adult Day Care	[50/60/75/100%] of [DBA or MBA]	[50/60/75/100%] of [DBA or MBA]	

PLAN FEATURES	KEEP [PREVIOUS CARRIER] GROUP LONG TERM CARE INSURANCE PLAN	PURCHASE A SIMILAR GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN	[PURCHASE A GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN WITH ADDITIONAL BENEFIT OPTIONS]
Inflation Protection Increases	<p>[Future Purchase Inflation Protection</p> <p>Gives you the opportunity to increase your [DBA/MBA] every [three years], without answering questions about your health. The amount of the increase is [up to 5% of the Plan Maximum DBA, compounded over the preceding three years. You will not be made an offer if you are in claim and have previously rejected an offer; or premiums are not being paid.] Premiums for the increased amount are based on your attained age and are added to the current premium.]</p> <p>[OR]</p> <p>[5% Automatic Annual Compound Benefit Increases: For an additional premium, this benefit automatically increases your DBA and other benefit amounts annually.]</p>	<p>Future Purchase Option</p> <p>Gives you the opportunity to increase your benefit amounts every three years without answering questions about your health. The amount of the increase is 5% of your current [DBA/MBA], compounded over the preceding three years. You will not be made an offer if you are in claim status or premiums are not being paid. Future offers will not be made if you reject two consecutive offers. Premiums for the increased amount are based on your attained age and are added to the current premium.</p> <p>[OR]</p> <p>[5% Automatic Annual Compound Benefit Increases: For an additional premium, this benefit automatically increases your [DBA/MBA] and other benefit amounts annually.]</p>	<ul style="list-style-type: none"> • 5% Compound for Life which automatically increases your benefit amounts by 5% compounded annually for the life of your plan. <p>[OR]</p> <ul style="list-style-type: none"> • Future Purchase Option • 5% Compound to Age 70 which automatically increases your benefit amount by 5% compounded annually until you reach age 70. or • 3% Compound for Life which automatically increases your benefit amount by 3% compounded annually for the life of your plan. • 5% Simple for Life which automatically increases your benefit amount by 5% of the amount in effect on the effective date of your Genworth Life Certificate.] <p>There are additional premiums for these riders; however premiums do not change when the increases are made. These increases will continue as long as premiums are paid or waived.</p>

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PLAN FEATURES	KEEP [PREVIOUS CARRIER] GROUP LONG TERM CARE INSURANCE PLAN	PURCHASE A SIMILAR GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN	[PURCHASE A GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN WITH ADDITIONAL BENEFIT OPTIONS
[Informal Care]	<p>[Provides for personal care in your home by family members, neighbors or other private-hire caregivers.</p> <p>Benefit paid at [25% of the DBA for up to 50 days] per calendar year. Benefits paid do not reduce your Lifetime Maximum.]</p>	<p>[Provides for personal care in your home by family members, neighbors or other informal caregivers who did not reside with you at the onset of your chronic illness.</p> <p>Benefit paid at 25% of [DBA/MBA], up to 30 days per calendar year. Benefits paid do reduce your Lifetime Maximum.]</p>	Same as Genworth Life Similar Group Long Term Care Insurance Plan
[Transition Benefit]	[Payable only once, a cash benefit equal to XXXX times your DBA is payable when the Deductible Period has been satisfied. Benefits paid do not reduce your Lifetime Maximum.]	[Not Included]	[Not Included]
[Deductible or] Elimination Period	<p>Benefits for covered services are payable after your loss of functional capacity is determined to begin and you satisfy the [90 day Deductible Period]. The [Deductible] Period begins on the date your loss of functional capacity is determined to begin and is met by each consecutive day your loss continues. Only one [90 day] Deductible Period applies during your lifetime.</p> <p>The Deductible Period must be satisfied for benefits to be paid unless otherwise indicated.</p>	<p>Benefits for covered services are payable after you are chronically ill and satisfy the [90] day Elimination Period. The Elimination Period begins on the date you are determined to be Chronically Ill and receive one day of covered care. You must continue to be Chronically Ill, for each day of the Elimination Period to be met. Only one [90 day] Elimination Period applies during your lifetime.</p> <p>The Elimination Period must be satisfied for benefits to be paid unless otherwise indicated.</p>	Same as Genworth Life Similar Group Long Term Care Insurance Plan
Bed Reservation	While you are receiving benefits in a covered facility and your stay is interrupted for any reason, the plan continues benefit payments if you are incurring charges to reserve a bed in such facility, up to [21 days] per calendar year.	If you are currently receiving benefits in a covered facility and your stay is interrupted for any reason, benefits are payable to reserve your room for each day you are away from the facility for up to 60 days per calendar year.	Same as Genworth Life Similar Group Long Term Care Insurance Plan

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PLAN FEATURES	KEEP [PREVIOUS CARRIER] GROUP LONG TERM CARE INSURANCE PLAN	PURCHASE A SIMILAR GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN	[PURCHASE A GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN WITH ADDITIONAL BENEFIT OPTIONS]
Home Assistance Benefits	Not included	Reimburses incurred expenses, up to [50 times your DBA], for: Home Modifications, Assistive Devices and Supportive Equipment; and or Emergency Medical Response Systems; and or Caregiver Training. This benefit is not subject to the Elimination Period.	Same as Genworth Life Similar Group Long Term Care Insurance Plan
Caregiver Training Benefit	[Reimburses incurred expenses up to 3 times your DBA during a benefit period, for training an Informal Caregiver by a Home Health Agency or similar facility. Benefits paid do not reduce your Lifetime Maximum.]	As part of the Home Assistance Benefit	Same as Genworth Life Similar Group Long Term Care Insurance Plan
Alternate Plan of Care	For bills submitted for which no Long Term Care Benefit is otherwise payable under the plan, [Previous Carrier] (at its discretion) may pay a benefit under the Alternate Care Benefit Covered expenses up to [50% of your DBA].	Upon agreement between you and Genworth Life, benefits may be: (a) paid for long term care expenses that are not specifically covered; or (b) paid differently for expenses that are covered. Any benefit limits or elimination periods will be based upon mutual agreement.	Same as Genworth Life Similar Group Long Term Care Insurance Plan
Waiver of Premium	Premiums are waived (not required to be paid by you) when benefits become payable. Waiver begins after the Deductible Period is satisfied. Premium payments resume 90 days after you are no longer eligible for benefits.	Premiums are waived (not required to be paid by you) when benefits are payable under: <ul style="list-style-type: none"> • The Nursing Facility Benefit; • The Assisted Living Facility Benefit; • The Home and Community Care Benefit; • The Bed Reservation Benefit; or • The Hospice Care Benefit. Waiver begins on first premium due date after benefits are paid and continue as long as these benefits are payable.	Same as Genworth Life Similar Group Long Term Care Insurance Plan

PLAN FEATURES	KEEP [PREVIOUS CARRIER] GROUP LONG TERM CARE INSURANCE PLAN	PURCHASE A SIMILAR GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN	[PURCHASE A GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN WITH ADDITIONAL BENEFIT OPTIONS
Hospice Care	Covered expenses up to 100% of your [DBA] for hospice care received in a Hospice Facility. Covered expenses up to [50%] of your [DBA] for Home Hospice	Covered expenses up to 100% of your [DBA or MBA]] for hospice care received in any covered facility. Covered expenses up to [50%] of your [DBA or MBA] for Hospice care in your home. This benefit is not subject to the Elimination Period.	Same as Genworth Life Similar Group Long Term Care Insurance Plan
Respite Care	Provides for substitute at-home care received when your usual primary caregiver takes a break from providing care. A cash benefit of [50% of your DBA, for up to 21 days] per calendar year, in addition to other benefits payable on that day, subject to a maximum of the DBA. Benefits paid do not reduce your Lifetime Maximum.	Provides benefits for covered expenses that give temporary, short-term relief for those persons who normally and primarily care for You in Your Home on a regular, unpaid basis, for up to 30 days per calendar year are covered: <ul style="list-style-type: none"> • For facility care, up to the [DBA] and • For Home and Community Care, up to [50%] of the [DBA] This benefit is not subject to the Elimination Period, but will reduce your Lifetime Maximum.	Same as Genworth Life Similar Group Long Term Care Insurance Plan

PLAN FEATURES	KEEP [PREVIOUS CARRIER] GROUP LONG TERM CARE INSURANCE PLAN	PURCHASE A SIMILAR GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN	[PURCHASE A GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN WITH ADDITIONAL BENEFIT OPTIONS]
[Return of Premium at Death]	<p>[Not included.]</p> <p>[OR] 1</p> <p>[Coverage provides for a full or partial return of premiums paid in the event of your death.</p> <ul style="list-style-type: none"> • Full return of premiums paid if a covered associate dies before age 65 and has not retired • Partial return of premiums paid based on a 10% reduction each year beginning on the later of the date a covered associate reaches age 65 or the date of the covered associates retirement • Full return of premiums paid if you die before age 65 if you are an insured family member. • Partial return of premiums based on a 10% reduction each year beginning on the date you reach age 65 if you are an insured family member. • No return of premiums after the ninth anniversary from the date the reduction begins. <p>No return of premiums if premiums, at the time of death, are not being paid for any reason.]</p>	<p>[Not included.]</p> <p>[OR] 1</p> <p>[Coverage provides for a return of premiums paid in the event of your death. The return amount depends on Your age at death and the amount of any benefits paid.</p> <ul style="list-style-type: none"> • Return of all premiums paid (less benefits paid) if you die before age 65 • Partial return of premiums paid (less benefits paid) based on a 10% reduction each year beginning on the date you reach age 65 • No return of premiums after you reach age 75. • Benefit is not paid if coverage is continued under a nonforfeiture benefit provision.] 	Same as Genworth Life Similar Group Long Term Care Insurance Plan

PLAN FEATURES	KEEP [PREVIOUS CARRIER] GROUP LONG TERM CARE INSURANCE PLAN	PURCHASE A SIMILAR GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN	[PURCHASE A GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN WITH ADDITIONAL BENEFIT OPTIONS
[Optional] Nonforfeiture Benefit	<p>[Not Available]</p> <p>[Provides for a reduced, paid-up lifetime maximum amount if coverage lapses after it has been in effect for [three] years. The reduced amount is equal to the greater of 30 times your DBA or the total amount of premiums paid.]</p>	<p>[Not Available]</p> <p>[Available for an additional premium. Provides for a reduced, paid-up lifetime maximum if coverage lapses after it has been in effect for [three] years. The reduced amount is equal to the greater of 30 times your DBA or the total amount of premiums you paid.] Coverage includes a contingent benefit upon lapse as described in the Rate Disclosure provided to you.</p>	<p>Same as Genworth Life Similar Group Long Term Care Insurance Plan</p>
Care Coordination	<p>Not Included</p>	<p>Care Coordination services are intended to help identify care needs and community resources available to deliver care when you are a Chronically Ill Individual.</p> <p>These services are furnished by a team of Care Coordinators at no cost to you.</p> <p>The costs of these services do not reduce your Lifetime Maximum.</p> <p>Our Care Coordinators are available to you or you can, at your own expense, use other care coordination professionals.</p>	<p>Same as Genworth Life Similar Group Long Term Care Insurance Plan</p>
International Coverage	<p>[Available at the same domestic levels, however, not more than [three years] of charges will be covered.]</p>	<p>Coverage is provided for expenses for each day of confinement in an out of country nursing home at 75% of your [DBA] for up to four years. Out of country means outside the US, its territories or possessions.</p>	<p>Same as Genworth Life Similar Group Long Term Care Insurance Plan</p>

PLAN FEATURES	KEEP [PREVIOUS CARRIER] GROUP LONG TERM CARE INSURANCE PLAN	PURCHASE A SIMILAR GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN	[PURCHASE A GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN WITH ADDITIONAL BENEFIT OPTIONS
Benefit Triggers		<p>You'll qualify for benefits if you need help with at least two "activities of daily living" and anticipate needing help with them for at least 90 days. There are six qualifying activities of daily living, which are:</p> <ul style="list-style-type: none"> ■ Bathing ■ Eating ■ Dressing ■ Toileting ■ Continence ■ Transferring (for example moving from a chair to your bed) <p>Alzheimer's disease or another severe cognitive impairment that results in the need for supervision may also qualify you for benefits. You will need a doctor, nurse, social worker or other medically licensed healthcare professional to certify that you have a condition that qualifies you for benefits.</p> <p>For benefits to be payable for covered services, you'll need a Plan of Care from a licensed health care professional that indicates the type of care appropriate to your needs.</p>	<p>Same as Genworth Life Similar Group Long Term Care Insurance Plan</p>
Portability	<p>If the insured is no longer eligible for coverage under the Group Policy, he or she has the right to continue his or her coverage as long as premiums are paid when due.</p>	<p>If the insured is no longer eligible for coverage under the Group Policy, he or she has the right to continue his or her coverage as long as premiums are paid when due.</p>	<p>Same as Genworth Life Similar Group Long Term Care Insurance Plan]</p>

The plan selections and features described in this packet are offered under the [Group Policyholder] Group Long Term Care Insurance Program. This material is a solicitation for insurance, and contains only a summary of coverage; the group policy terms and provisions will prevail. Be sure to review the Outline of Coverage for definitions and additional details of this insurance program, its features and limitations, including any state variations. Insurance is available to eligible persons under Policy Number [XXXXXX], issued to [Group Policyholder] on policy form series 7046.

Coverage under the Group Policy is intended to be federally tax qualified long term care insurance under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 – Public Law 104-191).

[The plans described in this offer do [not] meet the requirements for qualified partnership long term care insurance under the [[State] Long-Term Care Insurance Partnership Program].]

Reference to the [Previous Carrier] group long term care insurance plan refers to coverage provided under Group Policy No. [xxxx-xxxx] issued to [Group Policyholder] on policy form number [XXXXXX] and underwritten by [Previous Carrier Full Legal Entity]. Contact [Previous Carrier] with any questions about the [Previous Carrier] Group Long term Care Insurance Plan described above at [XXX-XXX-XXXX].



Genworth
Financial

ACCEPTANCE FORM TO GENWORTH LIFE INSURANCE COMPANY

[PO Box 64010, Saint Paul, MN 55164-0010]
[Group Policyholder] Group Long Term Care Insurance Program

IF THIS FORM IS NOT RETURNED TO GENWORTH LIFE INSURANCE COMPANY (Genworth Life) BY [MONTH DAY, 20XX] CURRENT COVERAGE WILL REMAIN WITH [PREVIOUS CARRIER FULL LEGAL ENTITY(PREVIOUS CARRIER)].

1. Keep my current long term care insurance plan with [Previous Carrier]

Initial
Here

I understand the features and benefits of coverage will remain unchanged unless there are amendments necessary to comply with newly enacted state long term care insurance laws or regulations. My premiums will be billed directly by [Previous Carrier]. Since I am not moving my coverage to another plan, I understand there will be no transfer credit.

2. Purchase a similar plan from Genworth Life and CANCEL my plan with [Previous Carrier]

[Choose from Option[s] 2a[, 2b or 2c].] Indicate your selection with your initials and cancel my long term care insurance from [Previous Carrier].

Under [this Option/Options [, 2b or 2c] below, Genworth Life Insurance Company will provide similar group long term care insurance that will take effect on [Month Day, 20XX], and will apply *the transfer credit shown in your Personal Rate Quote*. [You may also elect a Benefit Increase Rider or an Optional Nonforfeiture Benefit Rider with Option 2a, 2b, or 2c]. See the Product Comparison for a description of [this/these] benefit option[s].

INITIAL
BELOW

OPTION

OPTION DESCRIPTION [(Choose only one)]

2a

Exact [daily/monthly] benefit maximum[, OR

2b

Next highest offered amount][, OR

2c

Other plan options

I understand that in choosing this option I need to complete the attached application]

[Optional 5% Compound Automatic Benefit Increase Rider

There is an additional premium charge for this rider. I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums, with and without this rider. I realize that based on current health care cost trends, the benefits provided by a long term care plan which does not have meaningful inflation protection may be significantly diminished in terms of real value to me, depending on the amount of time which elapses between the date I purchase the coverage and the date on which I first become eligible to use them. Specifically, I have reviewed the options available, and with respect to this Benefit Increase Rider:

☐ **Yes**, I accept this Benefit Increase Rider. ☐ **No**, I reject this Benefit Increase rider.]

[Optional Nonforfeiture Benefit Rider

There is an additional premium for this rider. I have reviewed the Outline of Coverage and the explanation of nonforfeiture benefits and

☐ **Yes**, I accept the Nonforfeiture Benefit Rider. ☐ **No**, I reject the Nonforfeiture Benefit Rider.]

[Optional 5% Compound to Age 70 Automatic Benefit Increase Rider

There is an additional premium for this rider.

☐ **Yes**, I accept this Benefit Increase Rider. ☐ **No**, I reject this Benefit increase Rider.]

[Optional 3% Compound Automatic Benefit Increase Rider

There is an additional premium for this rider.

☐ **Yes**, I accept this Benefit Increase Rider. ☐ **No**, I reject this Benefit increase Rider.]

[Optional 5% Simple Automatic Benefit Increase Rider

There is an additional premium for this rider.

☐ **Yes**, I accept this Benefit Increase Rider. ☐ **No**, I reject this Benefit increase Rider.]

[Designation of Beneficiary: Complete the information below ONLY if your Plan with [Previous Carrier] included a Return of Premium at Death Benefit.

2

Full Name of Designee (First) (MI) (Last)

Street Address

City State ZIP code Phone Number

You may change our beneficiary at any time by notifying Genworth Life Insurance Company in writing.]

2

3. Purchase coverage from Genworth Life Insurance Company and RETAIN your long term care insurance from [Previous Carrier]

Initial
here

I wish to apply for additional group long term care insurance from Genworth Life Insurance Company and retain my [Previous Carrier Full Legal Entity] long term care insurance plan. I understand that I will **not** receive a transfer credit. I have completed the attached application form.]

PERSONAL RATE QUOTE FOR [FIRST NAME] [LAST NAME]

For Group Long Term Care Insurance underwritten by Genworth Life Insurance Company (Genworth Life)

	Current [Previous Carrier Full Legal Entity] Plan	Similar Genworth Life Plan with Exact Daily Benefit (2a)	[Similar Genworth Life Plan with Next Highest Daily Benefit (2b)]
[DAILY/MONTHLY] BENEFIT AMOUNT	\$	\$	\$
HOME CARE MAXIMUM	\$	\$	\$
LIFETIME TOTAL COVERAGE	\$	\$	\$
[BENEFIT INCREASE OPTION]	[Future Purchase Inflation Protection] [Automatic Benefit Increase]	[Future Purchase Option] [Automatic Benefit Increase] Optional: \$XX.XX]	[Future Purchase Option] [Automatic Benefit Increase] Optional: \$XX.XX]
[NONFORFEITURE BENEFIT]	[Included]	[Optional - 15% of Total Premium]	[Optional - 15% of Total Premium]
MONTHLY PREMIUM*	\$	\$	\$
[LESS TRANSFER CREDIT]	\$	\$	\$
YOUR COST	\$	\$	\$
[Other Plan Options (2c)]	The attached application must be completed for options not shown above. [A transfer credit of [\$] will apply if your application is accepted. If your application is not accepted, coverage under Option 2a will go into effect.]		

SERFF Tracking Number: *LTCG-126050270*

State: *Arkansas*

Filing Company: *Genworth Life Insurance Company*

State Tracking Number: *41655*

Company Tracking Number:

TOI: *LTC03G Group Long Term Care*

Sub-TOI: *LTC03G.001 Qualified*

Product Name: *Genworth Group Long Term Care*

Project Name/Number: *Transfer Advertising Filing/*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LTCG-126050270

State: Arkansas

Filing Company: Genworth Life Insurance Company

State Tracking Number: 41655

Company Tracking Number:

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care

Project Name/Number: Transfer Advertising Filing/

Supporting Document Schedules

Review Status:

Satisfied -Name: Cover Letter

02/25/2009

Comments:

Attachment:

AR Transfer Adv Cover Letter.pdf

Review Status:

Satisfied -Name: Authorization Letter

02/25/2009

Comments:

Attachment:

GNW Authorization Letter LTCG.pdf

Review Status:

Satisfied -Name: Explanation of Variability

02/25/2009

Comments:

Attachment:

STD Transfers - Explanation of Variability 2-13-2009.pdf

Review Status:

Satisfied -Name: Acceptance and Certification

Accepted for Informational Purposes 02/27/2009

Comments:

Attachment:

Acceptance & Certification 47362C 02_09.pdf



Long Term Care Group, Inc.

Timothy P. Cassidy
Compliance Manager
5 Commonwealth Road
Suite 2B
Natick, MA 01760

February 25, 2009

Arkansas Insurance Department
Life and Health Division
1200 West Third Street
Little Rock, AR 72201

ATTN: Advertising Review

Re: **ADVERTISING FILING: ACCIDENT AND HEALTH INSURANCE**
GENWORTH LIFE INSURANCE COMPANY: NAIC# 70025
Group Long Term Care Insurance Marketing Materials 47359 02/09 et al:
Form 47359 02/09 Transfer Personal Rate Quote
Form 47360 02/09 Transfer Offer
Form 47366 02/09 Product Comparison
Form 47362A 02/09 Acceptance Form
Form 47362B 02/09 Personal Quote Summary
Form 47362C 02/09 Certification (Info attachment-- Filed separately for Form Approval)

Submitted Via SERFF

Dear Sir or Madam:

On behalf of Genworth Life Insurance Company, we at Long Term Care Group, Inc. (LTCG) submit, for your review and approval, Transfer Offer components intended for use with Genworth Life's Group Long Term Care Insurance product forms on policy form series **7046POL** that were approved by Arkansas on September 13, 2005 and subsequently. A letter from Genworth Life authorizing LTCG to file on its behalf is included in the filing.

The forms in this submission will be used in the event that Genworth Life is selected as the carrier to provide group long term care insurance that will be offered to eligible classes who may already be enrolled by another carrier. All material is sent together as the offer package; it will not be sent separately. The Certification form enclosed here for information purposes is being filed under separate cover for form approval.

The transfer offer is described in form 47360 02/09 and is sent to each person who is eligible to transfer. The Product Comparison, form 47366 02/09, describes the different features of the existing coverage and that being offered by Genworth Life. The Personal Rate Quote, form 47359 02/09, will contain the premium costs under both carriers for the eligible person, as well as any transfer credit that Genworth Life may apply. When, as part of the group policy, the individual has the ability to select other Genworth Life options, this form will include a rate table appropriate to the options available under the issued group policy. The Acceptance Form, 47362A 02/09, enables the eligible person to select the transfer offer, indicating the plan he or she wishes to purchase. A summary of the Personal Quote, 47362B 02/09 may be included with the Acceptance Form, for administrative purposes. The aforementioned Certification form,

47362C 02/09, is completed and signed by the applicant to acknowledge his or her eligibility for the coverage.

Variable material is bracketed and explained in the accompanying Explanation of Variability.

We hope you find this submission satisfactory and look forward to your response. If helpful to the Department's review, Kathy Hamby, Genworth's Group Compliance Leader, is available to you to address any issues as they are identified. Thank you for your time and consideration of our request.

This advertising material is new and does not replace any advertisements previously filed by Genworth Life Insurance Company. This advertising material will be used after approval.

We trust that you will find our filing to be in order and hope that you will grant your Department's approval to this submission. If you have any questions, please feel free to contact me at 508-651-8800 or tcassidy@LTCG.com. My fax number is 508-651-8804.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy P. Cassidy". The signature is fluid and cursive, with the first name "Timothy" and last name "Cassidy" clearly distinguishable.

Timothy P. Cassidy
Compliance Manager




6620 West Broad Street
Building 4
Richmond, VA 23230
genworth.com

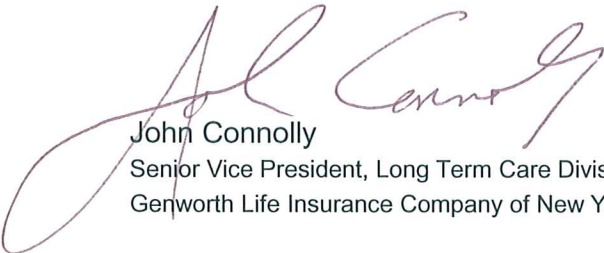
Dear Commissioner

Genworth Life Insurance Company and, In New York, Genworth Life Insurance Company of New York hereby authorize Long Term Care Group, Inc. to submit Group Long Term Care insurance filings to state insurance departments on our behalf.

Sincerely,



Paul J. Loveland
Vice President
Genworth Life Insurance Company



John Connolly
Senior Vice President, Long Term Care Division
Genworth Life Insurance Company of New York

**GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY
GROUP LONG TERM CARE INSURANCE TRANSFER MATERIALS**

This Explanation of Variability applies to the components of the transfer materials listed below. Variable material is bracketed. The transfer materials are generic for use when a Group Policy is issued that will offer coverage to eligible persons who may be insured under an existing group policy with another carrier, and who are given the opportunity to transfer from one carrier to the Group Policy underwritten by Genworth Life Insurance Company on approved group policy forms. It includes three types of variability.

- Type 1. Variable information under the group policy, such as the policyholder name, other insurer name and plan designs, phone numbers, addresses, plans, etc., which will be completed with information driven by the dynamics of the coverage parameters for a particular group.
- Type 2. Inclusive information that may or may not appear for a particular client, such as a specific coverage provisions or offers that may not be part of the plan design.
- Type 3. Substitute language that will be used to replace a specific sentence or paragraph driven by the dynamics of a particular group.

Advertising Forms for the purpose of this Explanation of Variability include:

Form Number	Title	Type of Solicitation
47360 02/09	Offer Letter	Invitation to Contract
47366 02/09	Product Comparison	Invitation to Contract
47359 02/09	Personal Rate Quote	Invitation to Contract
47362A 02/09	Acceptance Form	Invitation to Contract
47362B 02/09	Personal Rate Quote Summary	Invitation to Contract

We have listed the Variables for each advertising component in the order in which they appear above. All parts of the Transfer Offer will always be presented together.

Offer Letter: Form 47360

Type 1 Variables:

- a. Employer Name, Logo, Previous Carrier name, Previous Carrier Full Legal Entity name, Policyholder name, eligible person's name, addresses, phone numbers, plans, policy and form numbers will vary by client.
- b. Dates for return as well as for the effective date of transferred coverage will vary by client.

Type 2 Variables:

- a. Reference to the reason why the existing carrier is not being sponsored by the Group Policyholder may be deleted in its entirety.
- b. Option 3 may not appear if this option is not available to the group.
- c. Reference to website may be deleted if group does not offer enrollment via the web.
- d. Reference to situs state partnership requirements may be deleted in its entirety. The appropriate situs state will be named.
- e. The appropriate statement regarding partnership requirements will be shown by using or not using the word "not."

Type 3 Variables:

- a. The number of options for employee to consider will vary depending on the offer being made to the group. Options 1 and 2a will always be offered. Options 2b, 2c and Option 3 may not be offered to some groups. Therefore any reference to Options 2b, 2c or Option 3 may be deleted.

Product Comparison: Form 47366

Type 1 Variables:

- a. Employer Name, Logo, Previous Carrier name, Previous Carrier Full Legal Entity name, Policyholder name, eligible person's name, addresses, phone numbers, plans, policy and form numbers will vary by client.
- b. Dates for the effective date of transferred coverage will vary by client.
- c. Only the elements of the products from either carrier that are pertinent will appear as determined from the group contract.

**GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY
GROUP LONG TERM CARE INSURANCE TRANSFER MATERIALS**

Type 2 Variables:

- a. References to purchasing a Genworth Life plan with additional benefit options (column 3) may be deleted for groups where this is not offered as an option.
- b. Reference to Option 2b may be deleted where this is not offered as an option.
- c. Reference to description of when Elimination Period begins may vary depending on whether the group offers calendar or service day elimination periods.
- d. Reference to situs state partnership requirements may be deleted in its entirety. The appropriate situs state will be named.
- e. The appropriate statement regarding partnership requirements will be shown by using or not using the word "not."

Personalized Rate Quote: Form 47359

Type 1 Variables:

- a. Employer Name, Logo, Previous Carrier name, Previous Carrier Full Legal Entity name, Policyholder name, eligible person's name, addresses, phone numbers, plans, marketing names, policy and form numbers will vary by client.
- b. Dates for return as well as for the effective date of transferred coverage will vary by client.
- c. Only the elements of the products from either carrier that are pertinent will appear as determined from the group contract.

Type 2 Variables:

- a. Options 2b and 2c may not be offered to some groups. Therefore any reference to Option 2b or 2c may be deleted.
- b. Reference to Benefit Increase Options may be deleted.
- c. Reference to Optional benefits beneath the chart may be deleted.

Acceptance Form: Form 47362A

Type 1 Variables:

- a. Employer Name, Logo, Previous Carrier name, Previous Carrier Full Legal Entity name, Policyholder name, eligible person's name, addresses, phone numbers, plans, policy and form numbers will vary by client.
- b. Dates for return as well as for the effective date of transferred coverage will vary by client.
- c. Only the elements of the products from either carrier that are pertinent will appear as determined from the group contract.

Type 2 Variables:

- a. Options 2b and 2c may not be offered to some groups. Therefore any reference to Option 2b or 2c may be deleted.
- b. Reference to Nonforfeiture Benefit and Benefit Increase Riders in the chart may be deleted.
- c. Reference to Beneficiary Designation will only appear when group has offered a Return of Premium benefit.
- d. Reference to Option 3 will not appear if this is not an option for the group.

**GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY
GROUP LONG TERM CARE INSURANCE TRANSFER MATERIALS**

Personal Rate Quote Summary: Form 47362B 01/09

Type 1 Variables:

- a. Employer Name, Logo, Previous Carrier name, Previous Carrier Full Legal Entity name, Policyholder name, eligible person's name, addresses, phone numbers, plans, policy and form numbers will vary by client.
- b. Only the elements of the products from either carrier that are pertinent will appear as determined from the group contract.

Type 2 Variables:

- a. Options 2b and 2c may not be offered to some groups. Therefore any reference to Options 2b or 2c may be deleted.
- b. Reference to Inflation Protection in the chart may be deleted.

CERTIFICATION OF ELIGIBILITY TO GENWORTH LIFE INSURANCE COMPANY

(COMPLETE THIS SECTION ONLY IF YOU SELECT A COVERAGE PLAN AVAILABLE UNDER OPTION 2)

1

I understand that I am eligible for coverage under the [Group Policyholder] Group Long Term Care Insurance Program under Policy No. [XXXXXX], issued by Genworth Life Insurance Company (Genworth Life), only if, as of [Month Day, 20XX], I am not receiving, and am not qualified to receive, payment for long term care benefits pursuant to the terms of [Previous Carrier Full Legal Entity] Group Policy [XXXX-XXXXX].

I understand that my coverage with Genworth Life Insurance Company will not take effect in the event that any of the following occur before [Month Day, 20XX]:

- I am receiving payment for long term care insurance benefits under such [Previous Carrier] Policy prior to said effective date, or
- I have been determined to be benefit eligible or otherwise qualified for long term care insurance benefits under such [Previous Carrier] Policy prior to said effective date.

I understand that to purchase coverage from Genworth Life Insurance Company **and** receive the transfer credit, I must continue to pay the required premium contributions for my [Previous Carrier] plan to [Previous Carrier Full Legal Entity] through [Month Day, 20XX].

I also acknowledge the receipt of the following forms: Outline of Coverage, Potential Rate Increase Disclosure, Personal Worksheet, Suitability Disclosure, and a Shopper's Guide to Long Term Care Insurance.

To the best of my knowledge and belief, I am eligible for this coverage as explained above. I understand that the Genworth Life plan selected [under Option 2a or 2b] will take effect on [Month Day, 20XX].

Insured Name _____

Social Security # _____ Date of Birth (MM/DD/YYYY) _____

Address _____

City, State, ZIP _____ Phone Number _____

CAUTION: If your answers on this Certification are incorrect or untrue, Genworth Life Insurance Company may have the right to deny benefits or rescind your coverage.

I certify that I have read, or have had read to me, the above Certification and I realize that any false statement or misrepresentation therein may result in loss of coverage under the Group Policy.

X _____
Signature

Date